



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Donnelly Timothy Michael

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

District 59

Your Position

Assemblyman

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☐ State☒ Multi-County AD 59: Los Angeles and San Bernardino☐ City of _____☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ County of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)☐ The period covered is January 1, 2011, through the date of leaving office.☐ The period covered is ____/____/____, through the date of leaving office.☐ Assuming Office: Date assumed ____/____/____☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 5☐ Schedule A-1 - Investments - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule B - Real Property - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☒ Schedule D - Income - Gifts - schedule attached☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/1/12
(month, day, year)

Signature

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Asm. Tim Donnelly

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Infant Hearing Screening Service

ADDRESS (Business Address Acceptable)

18167 California Ave. Corona, CA 92881

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Spouse - Hearing Screener

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address
City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Asm. Tim Donnelly

► NAME OF SOURCE

California Tribal Business Alliance

ADDRESS (Business Address Acceptable)

1530 J Street, Suite 400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 11 / 11</u>	\$ <u>89.25</u>	<u>Reception</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE

New Car Dealer's Association

ADDRESS (Business Address Acceptable)

SACRAMENTO CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 29 / 11</u>	\$ <u>107.52</u>	<u>Reception & Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE

CA Manufacturing & Technology Assoc.

ADDRESS (Business Address Acceptable)

1115 11th Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 29 / 11</u>	\$ <u>37.85</u>	<u>Lunch Meeting</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE

Can Manufacturers institute

ADDRESS (Business Address Acceptable)

WASHINGTON DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 1 / 11</u>	\$ <u>54.49</u>	<u>Food & Beverage</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE

CA Cable & Technology Assoc

ADDRESS (Business Address Acceptable)

1001 K Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 2 / 11</u>	\$ <u>41.00</u>	<u>Reception</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE

SAN MANUEL BAND OF MISSION INDIANS

ADDRESS (Business Address Acceptable)

HIGHLAND CA 92346

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 14 / 11</u>	\$ <u>300.00</u>	<u>Tickets/Meal/Bev/Bag</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Asm. Tim Donnelly</u>

► NAME OF SOURCE
Personal Insurance Federation - PAC
 ADDRESS (Business Address Acceptable)
1201 K St. Suite 1220
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 11 / 11</u>	<u>\$ 7.89</u>	<u>appetizers</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Edison
 ADDRESS (Business Address Acceptable)
2244 Walnut Grove Ave
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Rosemead, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 24 / 11</u>	<u>\$ 129.64</u>	<u>tickets + parking</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
California Chamber of Commerce
 ADDRESS (Business Address Acceptable)
P.O. Box 1736, Sacramento, CA 95812
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 1 / 11</u>	<u>\$ 189.72</u>	<u>Business Summit</u>
<u>6 / 2 / 11</u>	<u>\$ 19.43</u>	<u>Breakfast Briefing</u>
<u>1 / 11 / 11</u>	<u>\$ 21.17</u>	<u>Food/Beverage</u>

► NAME OF SOURCE
City of Glendora
 ADDRESS (Business Address Acceptable)
116 E. Foothill Blvd. Glendora, CA 91741
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 20 / 11</u>	<u>\$ 39.73</u>	<u>meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
California Outdoor Heritage Alliance
 ADDRESS (Business Address Acceptable)
1600 Sacramento Inn Way, Suite 232, Sacramento 95815
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 23 / 11</u>	<u>\$ 12.25</u>	<u>Outdoor Sporting Caucus Event</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
California Business Roundtable
 ADDRESS (Business Address Acceptable)
1215 K Street, Ste. 1510, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 11 / 11</u>	<u>\$ 21.16</u>	<u>Food/Beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Asm. Tim Donnelly

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

City of Los Angeles - Mayor's Office

ADDRESS (Business Address Acceptable)

1400 K St. Suite 208

CITY AND STATE

Sacramento, CA 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 1/1/11 - 10/31/11 AMT: \$ 650.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Airport Parking and Shuttle Service in
connection with official government business

► NAME OF SOURCE

F. A. I. R.

ADDRESS (Business Address Acceptable)

25 Massachusetts Ave. NW, Suite 330

CITY AND STATE

Washington D.C. 20001

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 9/30/11 - 10/2/11 AMT: \$ 717.38
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

Ed Voice

ADDRESS (Business Address Acceptable)

P.O. Box 2407 ; 1 Sports Parkway

CITY AND STATE

Olympic Village - Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 8/4/11 - 8/5/11 AMT: \$ 936.01
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): / / - / / AMT: \$
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: _____